

CLASSIFICATION REQUEST FORM

Division: _____

Supervisor's Name and Title: _____

Current Position Title/Number/Grade: _____

Position Status: New (NYC) _____ Filled _____ Vacant _____ Career Ladder _____
Different Use of FTE _____ **Change in Duties** _____ **Other** _____ **Not Yet Classified** _____

Classification Request:

Please answer the following questions if the classification request is for an existing position. You may also prepare a memo addressed to the Human Resource Bureau Chief further outlining the request. A significant change in duties (at least 50%) must occur to warrant classification review. Seven factors: complexity of assigned duties; working conditions; knowledge, skills, and abilities: management and supervision of others; supervision received; scope and effect; and personal contacts will be evaluated to determine proper classification.

1. Identify new duties and responsibilities or tasks that have been added to this position.
(You may bold or highlight the new duties in the updated profile for identification)

2. Explain why the new duties and responsibilities are required and were assigned to this position (e.g. reorganization, expansion of program, etc.)

3. Identify position(s), if applicable, that were previously assigned the duties. List the position by title and number.

4. Identify the duties and responsibilities which have been removed from the updated profile.

PLEASE SIGN AND DATE:

Immediate Supervisor: _____ **Date:** _____

Division Administrator: _____ **Date:** _____

Human Resource Approval: _____ **Date:** _____